| MULTIPLE DEPENDENT CLAIM | | | | | | | | SERIAL NO. | | FILING DATE | | | | |
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| | AS FILED AFTER 18T AMENDMENT | | | | | | CLAIMS | | F | | r | _ | | |
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| MULTIPLE DEPENDENT CLAIM | | | | | | | | SERIAL NO. | | | FILING DATE | | | |
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| FEE CALCULATION SHEET | | | | | | | | APPLICANT(S) | | | | | | |
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| | AS FI | | AMEND | MENT | AMEND | MENT | | | | I | | Τ | | T |
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| CLAIMS | 51 | | | | | | | TOTAL CLAIMS | 51 | | L | | <u></u> | |



| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | | | SERIAL NO. 10659 190 FILING DATE 91103 | | | | | | | |
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